PTO:SB/06 (08-03)

Approved for use through 7/31/2006, OMS 0551-0032 U.S. Patern and Trademark Office: U.S. DEPARTMENT OF COMMERCE U.S. Patern and Information unless it discretes a valid OMS commit number.										
U.S. Patern and Tradernank Clied: U.S. P										
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL 6	SMALL ENTITY		OTHER THAN SMALL EHTITY	
			HUMBER FILED		MUMBER EXTRA		FEE		RATE	FEE
BASIC FEE (37 CFR 1.15(a))		1.0					3	CR		<u></u>
TOTAL CLAIMS (37 CFR 1.16(c))		26	26 minus 20 = .			x :		OR	x 5•	
INDEPENDENT CLAIMS		5 4	4 minus 3 •			x1		QR	× 5 *	
MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.1860)						<u> </u>		OR	-;	
"It the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	
/ 1 CLANAS AS AMENDED - PART II										
10	23/02 (Column 1) (Column 2) (Column 3:				(Column 3)	SMALL	SMALL ENTITY		OTHER SMALL	THAN HTITY
4	25/04	CLAIMS RENATIONS		HIGHEST	PRESENT	ZATE	ADDI-		RATE	ADDI-
Ę		AFTER ALEMOMENT	Ì	PREVIOUSLY PAID FOR	EXTRA		TIONAL FEE		ļ	FEE
AMENDMENT	Yoral CHAMA	26	Minera	26	<b>;</b>	x3		OR	×3	· /-
N.	hadesender Jarofa Lidon	. 4	Minus	<i>"4</i> .	-	), t=		OR	X 5 «	/
₹	PARST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (DT CFR 1.18(4))					-		OR	+s =	/
						ADD'L FEE		OR	ADO'L FEE	
14	19-05	(Column 1)		(Calumn 2)			ì			
9		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
E E	Total or cra union	30	Minus	24	- 4	x 5		OR	x,50.	300-00
ENDMENT	Independent LIFCFR 1.130H	5-	Minu\$	··· 4	• 1	K5		OR.	×200.	2000
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASS (67 CFR 1.16(0))				<u></u> نا ا		OR	+s =		
						TOTAL ADD'L FEE	<u> </u>	OR	ADDL FEE	40000.
۱ ۱	7-19.0								-	· <del>1 : ·</del>
<b>6</b> 150		CLAIMS REMAINING. 'AFTER AMENDMENT		MIMBER PREVIOUSLY PAID FOR	PRESENT	RATE	ADDI- TIONAL FEE	]	RATE	ADOI- TIONAL.
·u	1	AMENDMENT	Minus .	30		× 5		OR	×8	<del>  \                                   </del>
MENDA	Independent Drove Lines	1.3	Minus	: S.		x 8		OR	× 5	<del>  X -</del>
1.3	PAST PRESEN	MATION OF MARTIP	LE DEPENC	EHT CLANE DZ	FR 1.19(4)	نستنيا ا		OR	TOTAL	1/:\-
<b>—</b>	<del></del>			• • •		ADD'L FEE		OR	ADOL FEE	<u> </u>

\*\* If the entry in cotumn 1 is less than the entry in column 2, write "I" in column 3.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "2".

\*\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

\*\*\*\*\* If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the This collection of Information in required by 35 U.S.C. 122 and 37 CFR 1.14. This collection is settinated to take 12 minutes to complete. USPTO to process) an application. Confidentiatry is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is settinated to take 12 minutes to complete. USPTO time will vary depending upon the individual case. Any comments in the USPTO time will vary depending upon the individual case. Any comments heckeding attributes to complete this form endor suggestions for reducing the burden, should be earn to the Chief Information Officer, U.S. Patient on the amount of time you require to complete this form endor suggestions for reducing the burden, should be earn to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.